

Kings County Human Services Agency



Peggy Montgomery, Director

*Employment Services
Benefit Services
Child Protective Services
Adult Services
Foster Home Services
Family Preservation Services*

Specialized Foster Care Rate Program Assessment Form

Child's Name: _____ DOB: _____ Gender: _____
Social Worker: _____ Date of Assessment: _____
Case #: _____ Foster Parent: _____ Tel #: _____
Address: _____
Date of Placement: _____ Date of Detention: _____
Type of Assessment: ☐ Initial ☐ 6 Month Reassessment

Instructions

- 1) The Social Service Worker will complete the Specialized Foster Care Rate Assessment Form in an effort to obtain a specialized foster care rate for children who have displayed a need for care and supervision above and beyond what is expected for average foster care services.
- 2) The Social Service Worker will thoroughly examine eligibility requirements under each specialized foster care rate section and place a check mark next to each qualifying area after verification has been secured.
- 3) The Social Service Worker will recommend the level of specialized foster care rate most fitting to the child's needs. It is possible that a child may fall within two or three rate levels; however, the recommendation and approval of a specialized foster care rate will need to be made in accordance with the rate level containing a majority of the check marks, which should best describe the child.

The following situations describe typical care and supervision of children expected within the basic foster care rate and ***will not qualify*** for a specialized foster care rate:

- ◆ The child is within the normal range for physical development for his/her age.
- ◆ The child is within the normal range for emotional, social and behavioral development.
- ◆ The child shows an expected level of separation anxiety from family and friends proceeding removal from the home.
- ◆ The child shows expected, mild symptoms in response to abuse and neglect experienced.
- ◆ The child has minor academic problems which may require additional assistance with homework, communication with school personnel or placement in special education settings.
- ◆ The child has no chronic medical/dental problems or conditions. The child has expected illnesses and medical/dental appointments, which require attention and treatment by general pediatricians or physicians (i.e. Chickenpox, ear infections, colds, flu, allergies).

- ◆ The child has expected behavioral problems according to age and developmental/mental level and responds to effective parenting strategies.
- ◆ The child has medical conditions and/or mental illnesses that have been stabilized with medication and/or therapeutic intervention.
- ◆ The child has dietary needs that require basic monitoring and meal planning.
- ◆ The child is toilet trained by the age of 6 years, but may have occasional toileting accidents numbering once per week or less. The child's toileting accidents can be controlled with medication. A child over the age of 6 years may have toileting accidents once per month or less.
- ◆ The child has occasional temper tantrums (1-2 per week), which may result in occasional destruction to property, minor self-injurious behavior (i.e. hair pulling, head banging, hitting), aggressiveness to others in the vicinity (i.e. hitting, biting), verbal outbursts, pouting, moodiness, and withdrawal.
- ◆ The child has an age-appropriate or abuse specific need for monitoring and guidance for sexual play, exploration, and knowledge (i.e. supervision with other children, masturbation, sex-related questions).
- ◆ The child displays age-appropriate clinginess, shyness, mood, and energy levels.
- ◆ The child requires regular mental health, sexual abuse, and/or drug treatment services (once per week).
- ◆ The child has regular sleep patterns as expected for developmental age, which includes occasional soothing at night (1-2 times per week).

Level I: Mild Specialized Foster Care Rate – Basic Foster Care Rate + \$105
20 Hours Additional Training per Year Required

- ☐ The child has a chronic, formally diagnosed medical or dental condition that requires regular, specialized treatment (i.e. asthma, mild seizures, epilepsy, congenital heart defects, respiratory infections, diabetes). The foster parent will transport the child to required appointments once per week within the county of jurisdiction and/or once per month out of county. ***In order to meet this requirement, verification of child's condition and required appointments for a time period of 6 months must be provided.***
- ☐ The child has academic difficulties, which require regular interventions from the foster parent (i.e. once per week school meetings, suspensions once every 3 months, transportation due to tardies once per week). ***In order to meet this requirement, verification of required school meetings, suspensions, and tardies must be provided.***
- ☐ The child was/is a Drug Exposed Infant, has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular, weekly medical appointments and extra care and supervision by the foster parent. ***In order to meet this requirement, verification of child's prenatal drug exposure, drug withdrawal, Methadone treatment plan, and medical appointments for a time period of 6 months must be provided.***
- ☐ The child requires extra comfort and soothing for emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 3 months), nightmares (3-4 weekly) or attention seeking. ***In order to meet this requirement, verification must be obtained from a therapist who has assessed and/or is treating the child.***
- ☐ The child has special dietary needs that require dietary consultation, specialized meal preparation and food intake monitoring (i.e. to prevent choking). ***In order to meet this requirement, verification of the child's dietary requirements must be provided from an individual authorized to evaluate nutrition and dietary needs.***
- ☐ The child has regular temper tantrums (3-4 per week), which requires extra behavior modification efforts. The temper tantrums result in destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away. ***In order to meet this requirement, verification must be provided (i.e. law enforcement reports, school incident reports).***
- ☐ The child has formally diagnosed behavioral, psychological, emotional or developmental problems that require 3-4 appointments per week with a therapist, psychiatrist, or other specialist. ***In order to meet this requirement, verification must be obtained from a therapist treating the child.***
- ☐ The child is 6 years old or older and has toileting accidents once per week or less. The child is 4-6 years old and has toileting accidents 2-3 times per week. The child's Encopresis and/or Enuresis is not completely controlled by medication, but has partial effects. ***In order to meet this requirement, verification must be provided from a Physician treating the child.***
- ☐ The child has been formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), is on medication, but continues to require added care and supervision. ***In order to meet this requirement, verification must be obtained from a therapist treating the child.***

Level II: Moderate Specialized Foster Care Rate - Basic Foster Care Rate + \$315
40 Hours Additional Training per Year Required

- ☐ The child has a chronic, formally diagnosed medical or dental condition that requires regular, specialized treatment (i.e. asthma, mild seizures, epilepsy, congenital heart defects, respiratory infections, diabetes). The foster parent will transport the child to required appointments two to three times per week within the county of jurisdiction and/or two to three times per month out of county. ***In order to meet this requirement, verification of child's condition and required appointments for a time period of 6 months must be provided.***
- ☐ The child has academic difficulties, which require regular interventions from the foster parent (i.e. twice per week school meetings, suspensions once per month, transportation due to tardies two to three times per week). ***In order to meet this requirement, verification of required school meetings, suspensions, and tardies must be provided.***
- ☐ The child was/is a Drug Exposed Infant, has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular medical appointments two to four times per week and extra care and supervision by the foster parent. ***In order to meet this requirement, verification of child's prenatal drug exposure, drug withdrawal, Methadone treatment plan, and medical appointments for a time period of 6 months must be provided.***
- ☐ The child requires extra comfort and soothing for emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 6 months), nightmares (4 times per week to daily) or attention seeking. ***In order to meet this requirement, verification must be obtained from a therapist who has assessed and/or is treating the child.***
- ☐ The child has special dietary needs that require dietary consultation, specialized meal preparation and food intake supervision (i.e. to prevent choking, aspiration, care for vomiting). ***In order to meet this requirement, verification of the child's dietary requirements must be provided from an individual authorized to evaluate nutrition and dietary needs.***
- ☐ The child has regular temper tantrums (5 times per week to daily), which requires extra behavior modification efforts. The temper tantrums result in destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away. ***In order to meet this requirement, verification must be provided (i.e. law enforcement reports, school incident reports).***
- ☐ The child has formally diagnosed behavioral, psychological, emotional or developmental problems that require 5-7 appointments per week with a therapist, psychiatrist, or other specialist. ***In order to meet this requirement, verification must be obtained from a therapist treating the child.***
- ☐ The child is 6 years old or older and has toileting accidents twice per week or more. The child is 4-6 years old and has toileting accidents 4 times per week or more. The child's Encopresis and/or Enuresis is not controlled by medication, but has partial effects. The child may smear fecal matter on objects, self or others. ***In order to meet this requirement, verification must be provided from a Physician treating the child.***
- ☐ The child has been formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), which is not controlled by medication, thus requiring extensive care and supervision. ***In order to meet this requirement, verification must be obtained from a therapist treating the child.***

Level III: Severe Specialized Foster Care Rate – Basic Foster Care Rate + \$525
60 Hours Additional Training per Year Required

- ☐ The child has been diagnosed with a severe medical and/or developmental problem, which requires in-home monitoring by medical professionals, direct medical treatments by the foster parent and use of medical equipment (aspiration, suctioning, apnea monitor, mist tent, ventilator) 3 to 4 times per week. The foster parent provides physical therapy 3 to 4 times per week as directed by a medical professional and/or Physical Therapist. The foster parent will provide transportation out of county to specialists and hospitals. ***In order to meet this requirement, verification of child's condition and required appointments for a time period of 6 months must be provided.***
- ☐ The child has been formally diagnosed with Anorexia, Obesity or Bulimia and the foster parent is actively involved with treatment. ***In order to meet this requirement, verification of child's condition and treatment plan must be provided.***
- ☐ The child has been formally diagnosed as Seriously Emotionally Disturbed and requires a specialized education setting, although the child has been able to reside with others. ***In order to meet this requirement, verification of the child's SED diagnosis and SED educational placement must be provided.***
- ☐ The child has been hospitalized under Welfare and Institutions Code Section § 5150 due to being a danger to oneself or others in the past six months. The child requires specialized care and supervision due to suicidal ideation and threats. ***In order to meet this requirement, verification of the child's 5150 status, his/her mental health diagnosis, pattern of hospitalizations and current suicidal ideation and threats must be provided.***
- ☐ The child engages in risky behavior, which may jeopardize his/her safety and well-being without 24 hour supervision (prostitution/promiscuity, drug use/abuse, illegal activities, sexual perpetration, self-injurious behavior resulting in serious injuries). The child cannot be around other children without constant monitoring and/or supervision. ***In order to meet this requirement, verification must be obtained from the child's therapist, as well as supporting documentation from entities such as law enforcement, hospitals, and schools.***
- ☐ The child has been formally diagnosed with a serious emotional, psychological and/or behavioral problem, which threatens the child's ability to interact with others and lead a healthy lifestyle (i.e. substance addiction, Borderline Personality Disorder, Major Depression, Bipolar Disorder, Schizophrenia, Psychotic Disorder, repeated antisocial behavior). The child may be defiant, non-compliant, refuse to take regular medications, and aggressive to others. However, the child may be attending approximately 40% of scheduled therapy sessions and/or seeking crisis intervention services in the community, from the foster parent, or from the assigned Social Worker. The child still shows an interest in some interaction with others and/or sources of enjoyment, which can be used to redirect the child. ***In order to meet this requirement, diagnosis and appointment verification must be obtained from the child's therapist.***
- ☐ The child is partially mobile due to long-term illnesses, developmental disabilities, and/or environmental influences, but can make attempts to bathe, toilet and feed oneself, although the child requires assistance with those tasks. The child may require weekly medical, therapeutic and consultation appointments. ***In order to meet this requirement, verification must be obtained from treating Physicians, Central Valley Regional Center, and/or treating hospitals.***

Level IV: Intensive Specialized Foster Care Rate - Basic Foster Care Rate + \$840
80 Additional Training per Year Required

- ☐ The child has severe, chronic and critical life threatening conditions or illnesses, (i.e. cancer, AIDS, Leukemia, severe Seizure Disorder, Bronchial Pulmonary Disease, active Tuberculosis and heart conditions), which requires foster parents to provide specialized, direct medical and treatment services in the home environment (aspiration, deep suctioning, apnea monitor, ventilator, tracheotomy, colostomy, uretostomy) daily, as well as to provide excessive transportation to specialists and hospitals outside the county. The child has been formally diagnosed as Seriously Emotionally Disturbed and is at imminent risk of a restrictive level 13 or 14 placement. ***In order to meet this requirement, verification of the child's SED diagnosis, educational placement, and life threatening condition must be provided.***

- ☐ The child has been regularly hospitalized under Welfare and Institutions Code Section § 5150 (once per month or more) due to being a danger to oneself or others (i.e. 24-hour suicide watch). ***In order to meet this requirement, verification of the child's 5150 status, mental health diagnosis, and pattern of hospitalization must be provided.***

- ☐ The child has intense emotional/behavioral problems that currently debilitates the child's functioning level, may cause the child to be considered within Welfare and Institutions Code Section § 5585.25 (Gravely Disabled Minor) and which requires the foster parent to be an active treatment component (i.e. substance addiction, Borderline Personality Disorder, Major Depression, Bipolar Disorder, Schizophrenia, Psychotic Disorder, repeated antisocial behavior). ***In order to meet this requirement, verification of the child's diagnosis and mental health treatment plan must be provided.***

- ☐ The child requires total self-care due to a loss of mental and/or physical functioning. The foster parent bathes, diapers, dresses, feeds, and provides physical therapy to the child. Child cannot communicate verbally and may require complicated health monitoring. ***In order to meet this requirement, verification of the child's condition, required treatment plan and extent of required health needs must be provided.***

Submitted By: _____
Social Service Worker

Reviewed By: _____
Supervisor

Date: _____

Date: _____

Effective Date: _____

Specialized Foster Care Rate Authorization:

☐ Denied Reason(s) for denial: _____

☐ Conditional Approval Verification of the following must be obtained within 15 days for formal approval: _____

☐ Approved Level Approved for: _____

Child's Basic Foster Care Rate: _____ Child's Specialized Care Increment: _____ Child's Specialized Foster Care Rate: _____

Program Manager

Date

Caregiver has received ____ hours of training, which are required for the level of specialized care being requested.

Licensing Social Service Worker